

**City of Minneapolis**  
**Public Works Department - Traffic and Parking Services**  
**300 Border Avenue**  
**Minneapolis, MN 55405**

**REQUEST FOR DISABILITY TRANSFER SIGNS OR DISABILITY PARKING SIGNS**

**DISABILITY TRANSFER SPACES:** Disability Transfer Signs are installed for property OWNERS or others, in front of their property, IF they, or their relative living there, or their renter, possess a current Disability Plate or Disability Certificate (Hanging Tag). The Transfer Zone (space) may only be used while actively loading (picking up) or unloading (dropping off) the disability person and their equipment or personal items into or out of the property. The space cannot be used by ANYONE as a parking space, regardless of whether they have disability license plates or a disability certificate. (Ordinance 478.840).

**DISABILITY PARKING SPACES:** Disability Parking Signs are installed at the request of property OWNERS or others, in front of their property, IF they, or their relative living with them, or their renter, have current Disability Plates or a Disability Certificate (Hanging Tag). The Disability Parking space is not exclusively for use by the property owner. Anyone having a vehicle with Disability License Plates or displaying a Disability Certificate (Hanging Tag) may park in the signed space.

**PROPERTY OWNER INFORMATION**

<b>PROPERTY OWNER NAME:</b>		
<b>PROPERTY OWNER ADDRESS:</b>		
<b>OWNERS DAYTIME PHONE NUMBER:</b> (       )		NOTE: If you recently purchased the property, please send a copy of a legal document proving your ownership.

*Signature of Property Owner:*

*Date:*

**PERSON WITH DISABILITY INFORMATION**

<input type="checkbox"/> <b>DISABILITY TRANSFER ZONE</b>	<input type="checkbox"/>	<b>DISABILITY PARKING ZONE</b>
<input type="checkbox"/> <b>RESIDENTIAL</b>	<input type="checkbox"/>	<b>NON RESIDENTIAL</b>
<b>NAME OF THE PERSON WITH DISABILITY WHO LIVES HERE, FOR WHOM THE SPACE IS BEING REQUESTED, IF OTHER THAN THE OWNER:</b>	<b>Name:</b>	
	<b>Relationship to Property Owner:</b>	
	<b>ADDRESS OF PERSON WITH DISABILITY:</b> (Address where signs will be installed)	
	<b>PHONE NUMBER (DAYTIME) OF THE PERSON WITH DISABILITY:</b>	

**DISABILITY CERTIFICATE OR DISABILITY LICENSE PLATE INFORMATION**

<b>DISABILITY CERTIFICATE NUMBER:</b>	<b>DISABILITY LICENSE PLATE NUMBER:</b>
<b>EXPIRATION DATE:</b>	<b>EXPIRATION DATE:</b>
<b>METRO-MOBILITY NUMBER:</b>	
<b>NAME &amp; RELATIONSHIP OF CERTIFICATE OR LICENSE PLATE HOLDER (IF NOT THE PERSON WITH DISABILITY) :</b>	

**SIGNATURE:**

**DATE:**

(Signature of person with disability, or their representative, parent or legal guardian)

**NOTE:PROPERTY OWNER WHETHER APPLYING ON BEHALF OF SELF OR A FAMILY MEMBER LIVING WITH THEM, OR A RENTER, IS RESPONSIBLE FOR NOTIFYING THIS OFFICE, IN WRITING, WHEN THE DISABILITY SPACE IS NO LONGER NEEDED (PERSON MOVES, SELLS HOUSE, CERTIFICATE EXPIRES AND IS NOT REISSUED, ETC.).**

## REQUEST FOR A DISABILITY ZONE

**Please be sure to circle your choice of location on reverse side**

**Your answers to these questions will help us to best meet your needs with regard to disability parking/transfer zones.**

Do you own or lease a motor vehicle? Yes\_\_\_ No\_\_\_

Do you have a garage or driveway? Yes\_\_\_ No\_\_\_

Are you aware of a parking lot or a parking ramp nearby? Yes\_\_\_ No\_\_\_

Are you aware of another disability zone nearby? Yes\_\_\_ No\_\_\_

What is your principal need? (check one)

\_\_\_ clear access to and from the street

\_\_\_ curb space for pick-up and drop-off

\_\_\_ curb space for parking a vehicle

How often would this space be used? (example – once a month) \_\_\_\_\_

When do you need this space? Morning ☐ Afternoon ☐ Evening ☐ Overnight ☐

Monday through Friday ☐ Saturday & Sunday ☐ Other \_\_\_\_\_

What size vehicle would be using this zone?

Automobile ☐ Van ☐ Metro-Mobility ☐ Other, specific \_\_\_\_\_

Can you parallel park your vehicle in a typical 22-foot metered parking space? Yes\_\_\_ No\_\_\_

Additional comments: \_\_\_\_\_

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